

Alabama Medicaid DUR Board Meeting
Minutes
April 26, 2006

Attendees: Rob Colburn, Christina Daniels, Jimmy Jackson, Kelli Littlejohn, Tiffany Minnifield, Bernie Olin, Steven Rostand, Kevin Royal, John Searcy, Paula Thompson, Jerome Harrison

Members Absent: Darin Elliott, Kevin Green, Rhonda Harden, Clemice Hurst

Rob Colburn called the meeting to order at 1:15pm.

Rob Colburn introduced new Board member, Jerome Harrison, practicing family physician from Haleyville, AL, to the DUR Board.

Review and Adoption of Minutes of January 25, 2006 meeting: Rob Colburn asked if there were any additions, deletions or changes to the minutes of the January 25, 2006 meeting. No changes or additions were brought to the attention of the Board. Rob asked for a motion to approve the minutes as presented. Paula Thompson so moved and Jimmy Jackson seconded. The motion passed by a voice vote with no audible dissenters. The minutes were adopted as written.

DUR Update: Christina Daniels began the DUR update by reviewing the following reports: Monthly PAs and Overrides, PAs and Overrides by Source, Monthly Help Desk Reports and PA Response Time Ratio Reports for December 2005; January 2006 and February 2006. Responding to a request made prior to the meeting date, Christina noted that additional information will be made available in the future in these reports. Additional information will include unique numbers of recipients, and total number of electronic denials. This will be made available starting with the July DUR packet. Christina then briefly reviewed the brand limit switchover. She then reviewed post Medicare Part D statistics, including the change in the number of PAs, changes in top therapeutic classes and call center statistics. She then reviewed the PPI PA requests in the month of February noting the unusually high number of requests for PPIs, 9,816 as compared to 3,212 in January, and 4,945 in December. She noted that generic omeprazole went to non-preferred status in February and that 8,485 of those 9,816 total claims were submitted electronically. Of those, 6,800 were non-duplicate claims and of those, 6,758 requests were for generic omeprazole. There was one maximum allowable cost during the month of February.

Quarterly Reports:

Christina reviewed the Program Summary. She pointed out that when considering total recipients using pharmacy benefits, the data reflects the unique number of recipients. Regardless of the number of prescriptions a patient receives, they are only counted one

time when analyzing recipient usage. She then reviewed the cost management analysis and the drug analysis report, emphasizing the number of generic claims and brand single source claims. She noted that the average cost per claim in the state of Alabama rose \$2.45, or approximately 5%. The Kaiser Family Foundation estimated that prescription prices increased an average of 8.3% from 1994 to 2004 (increasing the cost per prescription from \$28.67 to \$63.59). The November 2005 edition of Drug Benefits Trends estimated a 9.9% increase in prescription drugs prices in 2006, keeping Alabama well below the national rate of increase.

Intervention Activity Report: For the fourth quarter, Christina reported that 370 profiles were reviewed and 352 letters were sent. The criteria used were dose optimization and tablet splitting. To date 61 responses have been received, 14 physicians reported that they would reassess and modify drug therapy, and one made an appointment with the patient to discuss therapy.

Provider Summary Report: Christina began the Provider Summary Report with a review of the Academic Detailing Program. She gave a brief overview of the program to include the structure of the program and specific duties of the Medicaid Pharmacy Specialists. She further explained the Medicaid Pharmacy Summary Report and how it is used to help identify prescribing patterns, which assists HID in targeting educational interventions for providers.

Proposed Criteria: Christina presented proposed criteria to the Board. A vote was postponed until the next DUR Board meeting due to lack of quorum. There was discussion regarding sudden death, psychosis, and mania relating to children and ADHD medications. There was also discussion of overutilization and the use of these medications in children under the manufacturer recommended ages. Christina noted Alabama statistics, which show greater than \$400,000.00 spent on stimulant medications for children under the age of 6. She stated that according to a report published by the CDC in 2005, Alabama leads the nation in the number of children diagnosed with ADHD. Approximately 11% of children ages 4-17 have been diagnosed with ADHD. 6.5% of those are currently taking prescribed medications to treat their ADHD. Christina noted that this trend is seen almost uniformly across the nation.

Dr. Searcy raised the issue that there exists a CNS program that includes the review of behavioral health drug usage. This could possibly result in duplication of letters to prescribers. He requested that Clemice Hurst, R.Ph., Agency coordinator of the CNS program, present information on this program to the DUR Board at the July meeting.

Medicaid Update: Tiffany Minnifield began the DUR Update by calling Board members attention to the Medicaid folder provided. In it she pointed out the new PDL Reference Tool and the Therapeutic Alternative List that now can be found on the Medicaid website. The packet also included the most recent newsletter and Max Units list. She reminded the meeting attendees that Medicaid is in the process of converting to a new e-mail system. New e-mail addresses are now firstname.lastname@medicaid.alabama.gov. Tiffany then noted the new online PA

submission form, which can be completed and submitted online. Providers will continue to receive a manual faxed response. She announced that the Skin and Mucous Membrane class will be added to electronic PA, effective May 15. She also mentioned the newest alerts which were included in the Medicaid folders. These included the extension of the Synagis season through March 31 and generic alprazolam coverage beginning April 3. She also noted that max units would apply to the alprazolam. The time period for repayments of the advances issued to pharmacies during the Part D transition has been extended to April 21. The Medicaid Town Hall Meetings are scheduled from May 9 throughout June 1, in two hour sessions and will cover updated information on Medicaid as well as billing information systems. CE is available. Town Hall Meetings are being provided during daytime and evening hours to accommodate both healthcare professionals as well as office support staff. Daytime meetings will be geared toward billing staff whereas evening meetings will be geared more toward clinical staff. Additionally, there was an update to the PDL, effective April 3, which resulted in a diagnosis being required on all PAs. Stable therapy will require that documentation be sent in starting April 3, 2006. Kelli Littlejohn provided the PDL Update. She reminded the Board that providers are approaching the June 30 deadline for reporting uncompensated care. Request forms and instructions are available on the Medicaid website.

The next meeting date was set for July 26, at 1:00 pm.

There being no further business brought to the attention of the Board, Rob Colburn adjourned the meeting at 2:30 pm.

Respectfully submitted,

Christina Daniels, PharmD

Christina Daniels, Pharm D.

The minutes of the April 26, 2006 DUR Board Meeting have been reviewed and approved as submitted.

Carol Herrmann-Steckel ☒ Approve ☐ Deny 6/6/06
Carol Herrmann-Steckel, Commissioner Date

Kathy Hall (X) Approve () Deny 5/30/06
Kathy Hall, Deputy Commissioner Date

John Searcy (☒ Approve () Deny 6/6/89
John Searcy, Medical Director Date